

Rush County Health Department
101 E. 2nd Street, Room #105
Rushville, IN 46173
Phone: (765) 932-3103
Fax: (765) 938-2604
Email: rcdh2@rushcounty.in.gov



APPLICATION FOR A BIRTH CERTIFICATE

In accordance with Indiana Code IC 16-37-1-8, the following information is required to obtain a certified copy of any vital record. Please thoroughly read the application and completely fill in each line. **NOTE:** False application, altering, mutilating, or counterfeiting an Indiana Birth Certificate is a criminal offense under Indiana Code IC 16-1-19-6.

If requesting by mail, please include a self-addressed, stamped envelope for return and a copy of your driver's license. If requesting in person, please provide your driver's license to be copied in office.

Full Name of Birth: _____

Birth Date: _____

Father's Full Name: _____

Mother's Full Name (with Maiden Name): _____

Purpose for Which Record Is to Be Used: _____

Name of Person Requesting: _____

Your Relationship to Person Whose Record You Are Requesting: _____

Phone Number: _____

Address of Person Requesting: _____

Signature: _____ Date: _____

Please Indicate Number and Type of Certificate(s) Requested:

_____ Genealogy Copy - \$10.00 each

_____ Certified Birth Certificate (5 x 7) - \$20.00 each

_____ Certified Birth Certificate Combo (5 x 7 with wallet size) - \$25.00

*****MAKE CHECKS/MONEY ORDER PAYABLE TO RUSH COUNTY HEALTH DEPARTMENT (RCHD)*****

^^^FOR OFFICE USE^^^

BIRTH CERTIFICATE _____